DOCUMENT RESUME

ED 344 676 PS 020 489

AUTHOR Harris, Irving B.
TITLE Primary Prevention vs. Intervention.
PUB DATE 5 Feb 92
NOTE 33p.; Address presented at the "Focus on Children: The Beat of the Future" Conference (New York, NY, February 5, 1992).
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Abortions; At Risk Persons; *Child Neglect; *Civil Liberties; *Costs; Early Childhood Education; Economic Impact; Prevention; *Public Policy; Quality of Life; *Social Problems; Social Services; State Legislation
IDENTIFIERS Michigan; *Unwanted Children

ABSTRACT

This address was delivered at a conference held at the Columbia University (New York City) Graduate School of Journalism. The decision about abortion, it was stated, involves more than the particular woman who is pregnant with an unwanted fetus. Because of the impact of unwanted children on education, crime and violence, and public costs, the society at large has a stake in the issue. The nation's ability to educate all children is being jeopardized by the large number of unwanted children whose parents fail to prepare them for school or provide them with proper and caring guidance. These children frequently display anti-social behavior and are likely to become juvenile delinquents and criminal adults. A disproportionate share of problem students, juvenile and adult offenders, and welfare recipients come from the ranks of unwanted children whose parents failed them from the start. The taxpayer must cover the high and increasing costs of public schools, prisons, and welfare. In 1988, the Michigan State legislature enacted a policy refusing access to abortion for women who were unable to pay. The number of abortions performed in the state dropped by 10,300 between 1988 and 1989, saving the state as much as $3 million. However, the costs associated with the increased numbers of babies with congenital anomalies, of babies born to teenage mothers, or of babies with low birthweight could cost the state over $400 million. Efforts that would prevent poverty and family dysfunction include: (1) ensuring that every woman, regardless of income, has access to family planning services and abortion; (2) providing intensive counseling and media-supported advocacy of responsible sexual behavior; and (3) providing the money and training needed to improve early childhood education. (AC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED344676

Primary Prevention

vs.

Intervention

Address by Irving B. Harris

"Focus on Children: The Beat of the Future"

Conference

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Irving B. Harris
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 020489

Columbia University

Graduate School of Journalism

February 5, 1992

BEST COPY AVAILABLE

Irving Harris graduated Phi Beta Kappa from Yale University in 1931. He has had a successful business career, including the marketing of the Toni Home Permanent Wave. "Which twin has the Toni" was his brainchild. He established The Harris Foundation in 1946. He served as President for 10 years of the Chicago Institute for Psychoanalysis, nearly 40 years as a Trustee, Chairman and President of the Chicago public television station.

For the past 30 years, his main interest has been in education and prevention of school drop out, which has led him to his major interest in early childhood development. In 1966, in response to Head Start and the War on Poverty, he helped establish the Erikson Institute to train teachers of teachers for Head Start. He recognized early that while Head Start helps many children, it is too late for many others. His knowledge base grew over 15 years as a board member of the National Center for Clinical Infant Programs, working with pioneers like Selma Fraiberg, Dr. Sally Provence, Dr. T. Berry Brazelton, Dr. Reg Lourie, and Dr. Albert Solnit.

As an experienced businessman, Mr. Harris has a strong, practical streak. He wants the government as his partner if, in the final analysis, the public sector programs he initiates are to be viable. He has been described as a man who puts his money where his mouth is.

In 1982, he established the Ounce of Prevention Fund, a public/private partnership between Pittway Corporation and the State of Illinois to address the problems of family dysfunction and to prevent child abuse. The Ounce operates in 45 sites in Illinois working with infants and mothers of infants. Through the Ounce of Prevention Fund, in 1985, he initiated the first comprehensive school based medical clinics in three Chicago public high schools. These clinics, available to all students who have written parental consent, address the problems of health in adolescence, including education in reproductive choices. The clinics distribute condoms and birth control pills. Through the Ounce in 1986, he initiated the Beethoven experiment which, in the catchment area of the Beethoven Elementary School, attempts to bring prenatal care and exemplary early childhood practice to the mothers-to-be in the Robert Taylor Homes in Chicago with the ultimate goal of insuring that almost all these children would be "ready for school" when they enter kindergarten.

He serves on the National Commission on Children. He was a key member of the Committee for Economic Development's Subcommittee on Education and Child Development which, in 1987, produced the landmark report, "Children in Need: Investment Strategies for the Educationally Disadvantaged" and, in 1991, "The Unfinished Agenda."

Mr. Harris has invested in child development and prevention of poverty, not only through the Erikson Institute and the Ounce of Prevention Fund, but by major grants to the Yale Child Study Center, the University of Minnesota and the Irving B. Harris School of Public Policy Studies at the University of Chicago, where he serves as a Life Trustee.

Primary Prevention

vs.

Intervention

Introduction

I would like to begin with a story I learned from Dr. Reg Lourie, one of the founders of the National Center for Clinical Infant Studies. One bright, sunny afternoon, a group of friends gathered on the bank of a stream to have a picnic. They had just finished their preparations for lunch when someone shouted, "There is a child out there in the center of the stream." One of the men kicked off his shoes and ran into the river to rescue the child. Just as he got back to shore and put the child on dry land someone else shouted, "There's another child out there now." The same man ran into the river for the second time and, out of breath, soon came back with the second child. Friends made sure that both children were dried off and covered with towels before finding them warm blankets.

The rescuer, who was just starting to take off his wet clothes, suddenly heard someone shout again, "There's another child out there now." Instead of rushing in for the third time, he said to his friends, "Someone else go in this time." And with that, wet clothes and all, he slipped on his sneakers and started to run up the path which went along the edge of the stream. They said, "Where are you going?" He said, "I'm going to run up around the bend and find out who is pushing those kids into the river."

He was asking the right question: "Who *is* pushing the kids into the river?" This is something I have thought about for a long time. Unfortunately, the answer is: "We are." We as a society are pushing our kids into the river at an alarming rate. We do this by tolerating the prevalence of desperate poverty, even though we know there are things we can do to help. We know that decent housing and access to medical care make a difference. We also know that *intervention* programs like Head Start that help young children sooner rather than later make a difference. But such rescue operations will never be enough to save the increasing number of babies who will drown before they can be taught to tread water, let alone swim.

We therefore must also try to prevent this deluge of high risk births from occurring in the first place. We need *primary prevention* programs that discourage childbearing among those not ready and not willing to nurture and safeguard their children. We know that if we ensure that women who do *not* want to bear children have options like family planning and access to safe and affordable abortion, that will make a difference.[1]

Children's advocates do not usually talk about abortion. But the time has come for us to face reality and the statistics. Nobody doubts that poverty hurts kids. Slightly less well known, but no more debatable is the fact that single parenthood is closely correlated with poverty. Obviously marital status does not determine whether or not someone is a good parent. But the fact is that parenting without a partner is excruciatingly difficult. When poverty is added to the mix it becomes all the more difficult — and the vast majority of the time poverty *is* added to the mix. For instance, 43% of all mother-only families are poor compared with 7% of two-parent families.[2]

---

[1]See Appendix A: Early Brain Development. In order to precisely understand exactly *how* we have been "pushing kids into the river," and why reproductive choice issues are so closely related, it is important to understand the early development of children, especially their brain development.

[2]"Beyond Rhetoric," Final Report of the National Commission on Children, p. 83.

So what do we do? The answer is, we should do everything that works. Along these lines, I believe first we must do all we can to prevent unwanted pregnancy. This means providing safe, affordable, reliable and accessible birth control to anyone who wants it.[3] And when birth control methods fail, and from time to time they unfortunately will, we must provide access to safe and affordable abortion to any woman who chooses to terminate an unplanned, unwanted pregnancy.[4] I want to stress the word "unwanted." Nobody should be allowed to play God. No one should have the right to declare which women may choose to have children and which women may not. But today we are tolerating a set of government policies which do just that. Today in America, privileged women have access to an array of birth control methods and they also have access to abortion. But in most areas of this country, poor women have no such options. Thanks to unfair and dangerous federal and state government policies we are saying to poor women and girls — *you* do not have the same right as wealthier women have to decide whether and when to have children. It is time that this inequity, this terrible unfairness, be ended — for the good of women and for the good of children.

THE DEBATE ABOUT ABORTION

The debate about abortion is almost always joined on one or more of the following three issues.

1. Does religion dictate that it is immoral to take the life of an unborn fetus? When does a fertilized egg become a human being?

2. Does a woman have the freedom to determine whether she will carry a pregnancy to term?

---

[3]In the last 10 years we have cut by 2/3, after allowing for inflation, funds for Title X of the Public Service Health Act, the only federal program exclusively devoted to providing family planning services.

[4]Federal funds paid for 294,600 abortions in 1977 before the Hyde Amendment barring federal funding for abortions was enacted. By contrast, after the federal restrictions, the federal government paid for only 165 abortions in 1990.

3. Our constitution preserves certain freedoms for the individual even though a majority enacts a law limiting that freedom. The State cannot make it unlawful for a married couple to practice contraception in the privacy of their home (Griswold v. Connecticut). Can the State outlaw abortion? No, said the U.S. Supreme Court in its Roe v. Wade decision.

I believe the decision about abortion involves more than the particular woman who is pregnant with an unwanted fetus. The society at large has a stake in the issue. While all three of the above issues are important, there are at least three additional vital issues to consider.

I. Education: We are all intensely concerned about the quality of education which America's children are receiving. Public education vitally affects our standard of living and our ability to compete in the world. The education of all children is being jeopardized by the large number of unwanted children whose parents have failed to prepare them for school.

II. Crime and Violence: The personal safety of all citizens is being threatened by increasing crime and violence. Unwanted children often grow up without proper and caring guidance from their parents. These children frequently display anti-social behavior and are likely to become juvenile delinquents and, eventually, violent and criminal adults.

III. Public Costs: We as taxpayers are all asked to pay the high and increasing costs of public schools, prisons and welfare. There is a growing resentment to paying these costs which adversely affect our standard of living. A disproportionate share of the problem students, juvenile and adult offenders, and welfare recipients never had a chance. They come from the ranks of unwanted children whose parents failed them from the start.

Stated differently, the high and increasing number of unwanted births to mothers who will be on welfare and whose children have little likelihood of succeeding in society are contributors to destroying our school systems, creating unacceptable levels of violence and crime and causing unbearable taxes.[5]

I. EDUCATION

"All Children Will Be Ready for School By the Year 2000"

In recent months, everyone has been alerted to our public school problems. Many people say we need more money. Politicians and businessmen and parents are all in the act to straighten out the quality problems of public education. While this involvement is welcome, we must recognize that public school education will not be fixed by money alone. Nationally, we have vastly increased our spending on education for children from age 5 through university. In 1986, all public and private funding together stood at $264 billion. By 1989, spending had risen to $350 billion and in 1991 to $418 billion. Nobody is arguing that these additional funds have fixed the problem.

In Charlottesville, Virginia, in 1989, the Governors and the President came to a new conclusion. They agreed that in order to improve education, the first goal must be "All children will be ready for school by the year 2000." How can this be accomplished? Not by underfunding supplemental nutrition programs for pregnant women and young children. Not by underfunding immunizations. Not by underfunding prenatal care. Not by ignoring the needs of children from birth to 3 years of age. Not by ignoring the number of babies born to mothers living in poverty, the most likely prospects for being "not ready." And certainly not by cutting funds for family planning.

---

[5]Unwanted childbearing has lifelong consequences. See Appendix B.

Let me tell you about some research that has been conducted for the past 15 years at the University of Minnesota under the leadership of Dr. L. Alan Sroufe and Dr. Byron Egeland. They have been intensively studying 151 children born in 1976 in Minneapolis. (There were originally 267 children in this study, but over the 15 years, 116 have dropped out of this study, or been unable to participate in all the tests). To quote from their study, "The subjects were part of a prospective longitudinal study of families from lower socioeconomic backgrounds. The sample of primiparous women (first time mothers) in their third trimester of pregnancy was recruited from prenatal clinics sponsored by the Maternal and Infant Care Project of the Bureau of Maternal and Child Health, Minneapolis Health Department. In general, it is considered a population considered at high risk for later caregiving problems. At the time of delivery, the mothers ranged in age from 12 to 37 years old and 62% of the mothers were single. 40% had not completed high school and 86% of the pregnancies were unplanned: 80% of the mothers were white, 14% black and the remaining 6% were native American or Hispanic."

Of the 151 children in the Minneapolis study, 109 (72%) had been referred to special services (special education) by third grade. They were not doing well in school. The children are now 15 and Dr. Egeland reports informally that the school failure rate has increased beyond 72%. These students attended 90 different schools and thus it appears unlikely that the schools were responsible for the increased failure rate. His conclusion is that the failures were largely attributable to inadequate nurturing in the first three years of life.

This study indicates that one major consequence of births to poor mothers is the high probability of school problems for those children — white, black or Hispanic. Many of these children have suffered from conditions such as low span of attention, hyperactivity, exposure to violence,

impaired hearing and vision, asthma and various learning problems resulting from brain damage in utero or in the first two years of life. Most of those children probably showed up in kindergarten with a poor prognosis for success in school — they were essentially "not ready" for school.

"Not Ready" — The Impact of High Risk Children on the School System

In 1984, *The New York Times* carried a story about the schools in Minneapolis and its Superintendent of Education, Richard Greene. Superintendent Greene had decided that to improve the Minneapolis school results, he would put a stop to the practice of moving students to the next grade simply because, chronologically, they now were supposed to move ahead. He realized that in the 10th grade there were students who were able and willing to do advanced work, but were held back by many other students who really were not ready for 10th grade. He introduced a matriculation test and required all 9th graders to pass the test before they moved into 10th grade. He did the same with 7th graders, 5th graders, 2nd graders and kindergartners. And, much to everyone's surprise, 291 out of 3,010 kindergartners tested, roughly 10%, were classified "not ready" to enter 1st grade.

I discussed this story with Doris Williams, a counselor in the Chicago public school system. She had earlier had kindergarten teaching experience, both in the inner city and in Highland Park, Illinois, one of our affluent suburbs. I asked Ms. Williams her reaction to the study in Minneapolis. She said she knew from experience what "not ready" meant. It meant "a low span of attention, hyperactivity, a child prone to violence, speech difficulty, hearing difficulty, or any one of many other learning disabilities or developmental delays."

Ms. Williams said that when you have a child in your class who is "not ready," you know it. She stated, "As an

experienced teacher, I can handle one such child without shortchanging the rest of the class. But, when I have two or three children like that, there is no way I can avoid shortchanging the whole class."

I later consulted individually with five other kindergarten teachers in the Chicago public school system. Each teacher used the same language. Each teacher said she was well-trained and could handle one child who was "not ready" without shortchanging the whole class. But then, each quickly added that if she had 2 or 3 children in the class who were "not ready," there was no way she could avoid shortchanging her classes every day, every week and every year. Moreover, they also said that while as few as 2 or 3 "not ready" students could cause the shortchanging, there were in her current classes not fewer than 6 of 30 students who were clearly "not ready." One teacher said 8, one guessed 10. Incidentally my 1984 survey of 6 kindergarten teachers has been confirmed by Ernie Boyer's 1991 study of 7,000 kindergarten teachers who believe 35% of children in this nation are not ready for school when they enter kindergarten.[6]

In 1991, Dr. Lucile Newman of Brown University and Dr. S. Buka of Harvard University's School of Public Health published their report stating that before reaching kindergarten, 12% of children in the U.S., because of preventable causes, were already learning impaired. The preventable causes they studied were malnutrition, lead poisoning, low birth-weight, child abuse and neglect, smoking, alcohol abuse and drug abuse during pregnancy. There are other causes of damage to brain development, but just those seven, the authors say, cause 3 out of 25 American babies *on average* to be learning impaired by school age. 3 out of 25 on average could result in a lot of school "shortchanging." Of course, "average" probably means most schools will have 2 or less such children in

[6]The report by Carnegie Foundation for the Advancement of Teaching entitled "Ready to Learn: A Mandate for the Nation," released in December, 1991.

kindergarten classes while inner city and many rural schools frequently have 6 or more.

No wonder then, that starting in 1987, when the Chicago schools were required by our state legislature to compare the test scores of graduating high school students to national norms, they found that *more than half* of Chicago's 58 high schools which were tested *ranked in the lowest one percentile of the American College Testing Program universe.* In 1989, ACT profiled students in 5,400 schools. One percent of 5,400 is 54. 35 of Chicago's schools which were tested were in the bottom 54. "Shortchanging," as a figure of speech, was not hyperbole. It was true. The most recent ACT data, published in November, 1991, in the *Chicago Tribune* continue to show poor Chicago results — more than half of Chicago public high schools placed in the lowest one percentile.[7]

It seems absolutely clear to me that we must change the circumstances under which pregnancies occur and children in utero are cared for. If we are to get *all* children, age 5, ready for school, we must pay much more attention to the high risk babies. We must radically change the prospects for nurturing and loving, for appropriate stimulation and care each baby must receive in the first two years when the brain architecture is being developed.

I'm not saying that when children are born poor and at high risk that nothing can be done for these children and their families. For the past 25 years, across the nation, various plans for intervention, (also termed secondary prevention), have been attempted. I'm particularly knowledgeable about the 45 programs of the Ounce of Prevention in Illinois, (since 1982) and particularly the Beethoven Project in the Robert Taylor Homes in Chicago,

---

[7]The shortchanging of the class certainly goes a long way toward explaining why Head Start cognitive gains which were visible when children were 4 and 5 years old washed out by 2nd or 3rd grade, as Westinghouse, in 1969, found in their major assessment of Head Start. Even those children who *were* ready to enter kindergarten were held back, day after day, by those apathetic or disruptive classmates who demanded too much time, were inattentive or just could not learn at the normal speed of the class.

(since 1985). And I know a fair amount about several other intervention programs, including "I Have a Dream" in New York City (since 1981). In all, there are probably over one hundred such programs. Most of these programs involve high costs and require highly trained and highly motivated professionals. The results of all these programs show success for some of the families they have tried to help. But, there are many others whom they have tried, but failed, to reach. Unfortunately, there is a colossal shortage of resources available for these programs and an even greater shortage of such highly skilled personnel.

All of these programs target children and families who live in very stressful environments. Those environments adversely affect optimal child development 24 hours a day, 7 days a week. Stability is known to be a critical component for healthy child development. Yet these environments are plagued by tremendous instability of everything from human relationships to housing. There is also the huge problem of domestic and community violence. We are only just beginning to understand the destructive effects on a child of witnessing violence, watching one's mother physically beaten or stabbed, and of physical violence against the child. If that weren't enough, there is malnutrition, AIDS, racism, homelessness, and lack of hope — sadly the list goes on. Each of these is a formidable factor. A new War on Poverty is needed now more than in 1965. We must recognize, however, that intervention programs alone will not win the war — even with widespread replication.

Even where successful, these interventions will not be enough to stem the tide of poverty and despair that threatens our inner cities and rural poverty zones. The bottom line is that the deluge of kids requiring these types of programs is overwhelming, and tragically unnecessary. Many, many poor women are giving birth to children that were unplanned and unwanted. These births

are the results of unfair government policies which deny family planning and abortion to poor women. Do these policies really have a negative impact? I believe that they do — and the statistics are genuinely startling.

As long as we have so many disadvantaged children entering school systems, we will be unable to have our graduates compete with Japanese, Korean, German, French, and European workers whose education and skills are superior. This will in turn adversely affect our standard of living and diminish our role in the world as a first class power and we will continue to deny too many of our children his or her birthright to the best and healthiest opportunity to succeed.

One major source of high risk children entering school "not ready" is the increasing number of children born to single parents living in highly stressful poverty.

TOTAL LIVE BIRTHS AND BIRTHS TO UNMARRIED WOMEN: U.S.

"The mark of a truly educated person is to be deeply moved by statistics."

George Bernard Shaw

Year	Total Live Births	Births to Unmarried Women	
		#	%
1950	3,632,000	141,600	3.9
1955	4,097,000	183,300	4.5
1960	4,257,850	224,300	5.3
1965	3,760,358	291,200	7.7
1970	3,731,386	398,700	10.7
1975	3,144,198	447,900	14.2
1980	3,612,258	665,747	18.4
1985	3,760,561	828,174	22.0
1986	3,756,547	878,477	23.4
1987	3,809,394	933,013	24.5
1988	3,909,510	1,005,299	25.7
1989	4,040,958	1,094,169	27.1
1990	I.B.H. Est. 4,000,000	1,120,000	Est. 28.0
1991	I.B.H. Est. 4,000,000	1,160,000	Est. 29.0
1992	I.B.H. Est. 4,000,000	1,200,000	Est. 30.0
1993	I.B.H. Est. 4,000,000	1,240,000	Est. 31.0
1994	I.B.H. Est. 4,000,000	1,280,000	Est. 32.0
1995	I.B.H. Est. 4,000,000	1,320,000	Est. 33.0

Note: In 1980, of 3,612,258 total births, 2,946,511 were to married mothers. In 1989, of 4,040,958 total births 2,946,789 were to married mothers. Over these 9 years almost the entire increase resulted from additional births to unmarried mothers, which increased from 665,747 to 1,094,169 — an increase of 428,422. Note also the persistent increase in the number and percentage of births to unmarried women between 1950 and 1989.

Source: National Center for Health Statistics, U.S. Department of Health and Human Services 1950-1989.

II. THE EFFECT OF VIOLENCE

Almost daily the newspaper headlines proclaim the increasing rates of violent behavior. Headlines like these from *The New York Times* and the *Chicago Tribune:*

"Child homicides soar in city and suburbs"

"Reports of child abuse, neglect up 4%, in 1990"

"U.S. Is by Far the Leader in Homicide"

"City's top crime rates still haunt poor areas"

"Study links high dropout rate to state prison overcrowding"

"30% of young black men face jail: study"

"U.S. Expands Its Lead in the Rate of Imprisonment"

What the headlines don't tell us is these problems didn't just suddenly happen. Violent and criminal behavior represent the cumulative results of children growing up in profoundly hostile and uncaring surroundings. The process begins with violence within the home. In Illinois some 103,485 kids were reported as victims of child abuse or neglect in 1990. Credible evidence of abuse or neglect was found for 38,580 children. And 76% of these victims were abused or neglected by their natural parents. There were more than 2.5 million cases of child abuse and neglect reported in the U.S. in 1990.

In Illinois, The Ounce of Prevention Fund found that 61% of the 445 teen mothers participating in Parents Too Soon programs said that prior to their pregnancy they had been forced to have an unwanted sexual experience. One-third of them were younger than 12 at the time of the coerced sex.

The evidence is compelling that babies brought up in violent families where force, not dialogue, resolves most differences of opinion, are likely to become violent adolescents and adults. No decent society can tolerate this spreading violence.

We now know that during the second year of life, let us say from 12 to 24 months, toddlers are learning how to communicate in an organized way, using complex gestures. They are learning how to read the gestures of others so they can figure out if they are being respected, approved of, threatened or whatever. In fact, a scientist like Dr. Stanley Greenspan, who has intensively studied poor children is clearly disturbed by how important the feelings of humiliation are in poor populations. They keenly feel any lack of respect and that feeling of being insulted may be traced back to patterns of communication which were not sufficiently developed during the toddler phase. The word "diss," the shortened version of "dis-respect," is a key in some parts of the inner city. When a person is dissed, that can sometimes lead to murder.

Psychiatrists who have studied this phenomenon say that the distortion caused by misunderstanding other peoples' intentions often stems from these pre-verbal levels. And, in those same critical months, normally the child's transition from acting out his feelings and frustrations to putting those feelings and frustrations into ideas or thoughts should occur. This transition is often missing in our high risk populations. It fails to develop both among children and their parents. This transition normally occurs between 15 and 30 months of age.

The perpetrators of violent crime are also increasingly younger. One study shows that the number of juveniles arrested for murder increased 93 percent in the past four years, while the figure for adults is up 16 percent. The result is the United States has a homicide rate among young men 15 through 24 years old that is 4 to 74 times higher than in other industrialized countries.

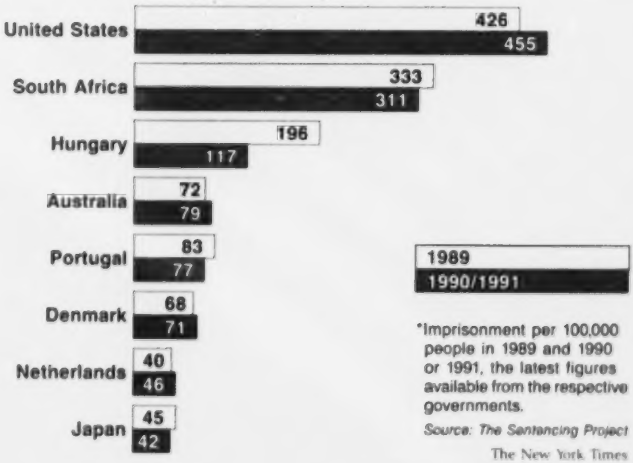
Young Men at Risk

Killings per 100,000 men
15 through 24 years old for 1986 or 1987.

Source: Journal of the American Medical Association

The New York Times

Locked Up: Selected Rates of Imprisonment*



*Imprisonment per 100,000 people in 1989 and 1990 or 1991, the latest figures available from the respective governments.

Source: The Sentencing Project

The New York Times

Crime is closely connected to educational problems as a recent study "Education and Criminal Justice in Illinois" showed. The Illinois Criminal Justice Authority found that 72% of the prisoners were high school dropouts compared to an average dropout rate of 22% for all Illinois high school age residents. Almost one-quarter of the prison dropouts left school before 10th grade and the average inmate had educational skills of an 8th grader.

Similarly, there are strong links between learning disabilities and juvenile delinquency with learning disabled boys having a 220% increased risk of delinquency, even when socioeconomic factors were considered.

The social and economic costs are astronomical. In Illinois we have the fastest growing prison population in the nation. It costs the state each year on average $16,200 to keep an adult in prison as against about $4,200 to keep one child in school.

III. PUBLIC COSTS — HIGHER AND HIGHER TAXES

Finally, there are real dollars and cents implications of current reproductive health policies. While it may appear callous to consider the *economic* consequences of denying family planning, contraceptive and abortion services, the effects are too vast to be ignored.

Different states have different policies with different results. California, which spent $46 million of federal and state funds for contraceptive services in fiscal year 1989, had an estimated savings of between $232 and $509 million in public costs for abortions, prenatal and maternity care as well as medical care, welfare and supplemental nutritional programs during the first two years after a birth. This means that California saved an average of $7.70 for each dollar spent to provide contraceptive services.[8]

[8] *Family Planning Perspectives*, Volume 22, Number 4, July/August 1990.

New York also spends a significant amount of public funds for contraceptive services. Furthermore, both states are among the few that still provide publicly funded abortions. By contrast, Illinois, which like most states does not pay for abortions and spends disproportionately less for contraceptive services than California or New York, has disproportionately more births to teenagers.[9]

In 1989, Illinois had 100,000 fewer total births than New York but had more births to girls age 14 and younger and nearly as many births to adolescents age 17 and under. Teenagers accounted for 13.1% of all Illinois births compared to 9.4% of all New York births in 1989. If, a big if, Illinois could have lowered its teenage birth percentage to New York's level, there would have been 7,040 fewer births to Illinois women under age 20 in 1989.

Translated into dollars this means if Illinois were to follow New York's lead, it would spend an additional $31 million for contraceptive and abortion services,[10] and would save an estimated $246 million. This estimate is based on an analysis that showed that the 24,000 babies born to Illinois teenagers in 1983 cost the state $853 million annually for their first five years.[11]

The estimated $246 million savings is only for the probable reduction in births to teenagers. The savings would increase if high risk unwanted births to women over 20 could be prevented. In Illinois about two-thirds of the births to

---

[9]See Appendix C.

[10]In FY 90, New York State spent a total of $17,500,000 for abortions and $52,660,000 for family planning and contraceptive services or $241.50 per live birth. If Illinois, through a change in public policy, would increase its funding for family planning and contraceptive services and provide public funding for abortion, as do California and New York, and if the cost for this policy would be similar to that in New York, the resulting cost in Illinois would be:

family planning, contraceptive and abortion services	(190,248 births × $241.50)	$45,944,892
present costs for family planning and contraceptive services alone	(190,248 births x $80.00)	– 15,217,000
	additional cost	$30,727,892

[11]"Teenage Pregnancy and Teenage Parenthood in Illinois: 1979-1983 Costs," Janet Reis, Director of Maternal and Child Health Program, Center for Health Services and Policy Research, Northwestern University.

unmarried mothers are to women over 20. If contraceptive and abortion services were available to all poor women regardless of age, as many as 14,000 additional unintended and unwanted births could be prevented. Such a policy change would probably have saved taxpayers an additional $490 million each year. If Illinois had averted these high risk births to teenagers and older women, the state would have saved about $736 million annually.

These savings are just the short term gains. A significant reduction in high risk births would have major long term benefits for our public education, criminal justice and welfare systems. This outcome would benefit the mothers and the children they already have. It would help break the pernicious cycle of teenage pregnancy and dependency which is likely to continue unabated without a major commitment to family planning, contraceptive and abortion services. We cannot ignore the fact that, according to the Centers for Disease Control, 75.3% of all 19 year old females in this nation had been sexually active in 1988.

Large cities are especially affected by the reproductive policies of their respective states. New York City has 7,552,000 residents — more than two and a half times Chicago's population of 2,783,726. Yet Chicago, which does not have publicly funded abortions, has more births to girls age 14 and under than New York City which has publicly funded abortions. Chicago also has twice the percentage of births to adolescents 17 and younger as does New York City.[12]

The costly consequences of restrictive family planning and abortion policies are evident elsewhere, including the recent experience in Michigan.

---

[12]See Appendix D: A Tale of Two Cities.

THE MICHIGAN STORY

Until recently Michigan funded abortions for poor women. In 1988 after a statewide political debate, the policy was changed. As a consequence after December 12, 1988 the following amendment became effective.

The People of the State of Michigan enact:

Section 109A. Notwithstanding any other provision of this act, an abortion shall not be a service provided with public funds to a recipient of welfare benefits, whether through a program of medical assistance, general assistance, or categorical assistance or through any other type of public aid or assistance program, unless the abortion is necessary to save the life of the mother. It is the policy of this state to prohibit the appropriation of public funds for the purpose of providing an abortion to a person who receives welfare benefits unless the abortion is necessary to save the life of the mother.

The statistics on births in Michigan in 1989 are very interesting.

FOR MICHIGAN RESIDENTS

	1987	1988	1989	Change 1988-89
# of Abortions	47,814	45,438	35,138	– 10,300
# of Live Births	140,466	139,635	148,164	+ 8,529
Under age 20 — # of abortions	13,624	12,900	9,625	– 3,275
Under age 20 — # of live births	17,240	17,374	19,545	+ 2,171
# of low birth-weight births (under 2,500 grams)	10,095	10,237	11,323	+ 1,086
# born with congenital anomalies	791	746	3,161	+ 2,415
# of babies born who were 5th or more child born to mother	4,950	4,823	5,448	+ 625

The Michigan Department of Public Health issued a report in December, 1990. It stated: "The Medicaid ban on abortion is contributing to a significant rise in births to young, poor women — women most likely to have babies with less of a chance for survival, and to increasing numbers of surviving medically fragile infants. Family planning programs, which offer some solution, are inadequately funded to meet public demand for service."

I wonder whether the voters of Michigan, which is sorely pressed by a huge state deficit, now believe they did the smart thing.

2,415 additional babies born in 1989 with congenital anomalies, such as spina bifida, congenital hydrocephalus, Downs syndrome and birth defects involving the heart and the respiratory system I estimate could easily cost the state $100,000 each. 2,415 times $100,000 = $241,500,000.

2,171 more babies born to teenagers will probably cost $35,000 each for the first 5 years, *before* they run into additional serious difficulties. 2,171 times $35,000 = $75,985,000.

1,086 more low birth-weight babies will cost even more for the first five years, and also are likely to cost much more after they get to school when so many of the children turn up with physical and emotional damage which will necessitate costly special education. 1,086 times estimated costs of $10,000 = $10,860,000.

While some mothers intentionally want five or more children, I suspect that half or more of this increase was unintentional, resulting in unwanted births to poor women. The likelihood is that these fifth or sixth children will be brought up in poverty and will cost the state of Michigan significantly in years to come. 312 × $300,000 (I.B.H. estimated lifetime costs) = $93,600,000.

Total: $421,945,000

The cost of 10,300 abortions for poor women which Michigan did not fund in 1989 at $300 each probably saved Michigan $3,090.000.

It is hard to say for sure what the Michigan legislature was attempting to do when it enacted its policy of refusing access to abortion for women who were unable to pay. It is probably safe to say, however, that they did not realize the economic cost of the additional unwanted births they forced so many poor women to have.

WHAT WE SHOULD DO

We should work to prevent poverty and the potential for family dysfunction every way we know how. But we must go further than the usual call for more and better entitlements, jobs, and secondary intervention programs. As children's advocates, I believe we must join the struggle to ensure that every woman, regardless of income, has access to family planning services and abortion. I also believe that we must provide full access to information for women to assist them in making these critical but difficult decisions. If we can reverse the trend of the rising number of babies born into high risk environments, we will be better able to concentrate our efforts at intervention for other at risk children.

Once we have made these reproductive health programs widely available, I also hope we will work to create a social environment in which irresponsible choices by girls and boys (and men and women) about early sexual activity and childbearing are widely condemned. I want to stress the need to reach boys and men with these messages. My comments today have concentrated on women and their children because today in America "single parent" still means "single woman." Obviously women and girls do not get pregnant by themselves. Nevertheless, they are increasingly called upon to raise children by themselves. This is unacceptable. Not only should additional family planning and abortion programs be funded, but much more contraceptive research must be done in the area of male contraceptives so that the expense and responsibility for family planning can be more evenly distributed between men and women.

We may even want to encourage a major media effort along the lines of Mothers Against Drunk Driving, the anti-drug use campaigns, and environmental campaigns. Learning from the success of other public service drives, we should try to make it socially unacceptable for all men and women who are not prepared to care for children to conceive them.

CONCLUSION

Only when abortion is equally available to poor and non-poor women nationwide will there be a significant reduction in the number of unwanted babies born at high risk. Of the one million babies born each year at high risk, perhaps 300,000 births could be averted if all women had access to safe and affordable reproductive alternatives, including contraceptive and abortion services.

I also think that with much more intensive counseling and media-supported advocacy for responsible sexual behavior, we could possibly prevent an additional 200,000 high risk births.

Even with the most successful prevention efforts, at least 500,000 babies will still be born at high risk each year. These babies will need more comprehensive and intensive intervention programs modelled after some of the more successful demonstration projects currently being tested. Such programs include one-stop services for supplemental nutritional services, first-rate pediatric care including developmental screening, and support for the parents through education, home visits and social services. But by reducing the number of babies born who need such specialized services, we will be better able to provide quality programs.

As a nation we cannot afford to ignore the needs of any of the four million babies born each year. Now that we know the importance of prenatal care and optimal development in the first two years of life, we should study the French system of child care for all infants. Their system is now 25 years old. It subsidizes all families with young children, to a varying extent, depending on the financial needs of families. The French system is solidly built on highly trained, Master's degree equivalent, child development specialists and public nurses.

To supply the highly skilled personnel who are needed, we must train many more early childhood educators,

public health nurses, and develop more physical facilities. We should also encourage much higher status for public health nurses and early childhood educators. Such a system might cost $10 billion a year. When operative, it would make a substantial advance in our nation's educational goals. $10 billion spent annually may seem like a large amount, but compared to the $418 billion spent in 1991 on education from kindergarten through university, it is only 2.4%.

When a manufacturer strives to limit to a very low level the number of defective units he will ship to his customers, he knows that as a first step he must carefully examine all incoming purchased components. Only then can he be sure that possibly defective parts delivered to him by his suppliers do not result in his final product's failing in the hands of his customers. Quality control of intake is vital in good manufacturing. It is as least as vital in education. Every teacher knows this.

We have a huge task ahead; we must radically improve the early development of all our youngsters to be sure our public and private education systems improve their results. Only in this way can we radically improve our educational standards.

At the risk of doing an injustice to a great metaphor, I would like to return to the story of the rescuer and the children in the river. This story is an ideal tool for me to use to ensure that the message I am trying to deliver today is not misunderstood and that the urgency of the task before us is appreciated. Imagine for a minute that the river represents poverty — and then remember that my remarks today pertain to the prevention and termination of *unintended and unwanted* pregnancies. When these pregnancies result in births because of unfair and discriminatory policies, that is when children are *pushed* into the river — that is when children are *pushed* into poverty. Of course, there is no doubt that even a wanted child born into poverty faces barriers that wealthy children

do not. But there is equally no doubt that the birth of each and every wanted, loved and cared for child enriches our nation — regardless of the economic circumstances of the family into which they are born.

A life of poverty and hopelessness for a mother and her children is something we all want to prevent if we can. When poor women do not wish to bear children, or when they wish to delay having a family, it is indefensible for us to force them to have children based on some outmoded and paternalistic sense of morality. The current policies of states like Michigan and Illinois disproportionately affect poor, single, minority women — women who already face every other imaginable disadvantage in life. We cannot possibly believe that these women thank us for liberating them from the responsibility of making their own reproductive choices. Nor are they grateful for the resulting welfare dependency, poor health, joblessness and despair.

Children truly are the future of our nation. We owe it to them, and to our nation, to ensure that all children are born with the best possible chance to live, love, grow and excel. If we shirk this responsibility we will have contributed directly to the misery and suffering of generations to come. If we fulfill this obligation, we will have given the world a gift of inestimable value.

APPENDIX A.
Early Brain Development

Within the last 20 years, our understanding of the earliest stages of brain development has been transformed. In just the past five years, scientists have learned a great deal about brain development beginning in the fetal stage through the first two years of life. Scientists now believe that, four months into the pregnancy, we already have in our brains all of the 10 billion neurons we are allotted for our lifetimes. In a healthy mother, in the last five months of pregnancy, the brain of the fetus develops very rapidly. As the brain develops, those 10 billion neurons start joining together in dendritic chains and synapses. This growth proceeds rapidly.

Brain architecture is well developed before birth. After birth, the rapid pace continues. In the first two hours of life, memories of a mother's voice and smell develop. Sight develops rapidly; so do hearing, smell and tactile senses. This is the time when talking to the baby in loving tones of voice is so important. Parents must cuddle the baby and understand the cues the baby gives about distress, wanting to eat, wanting to be cleaned up after soiling the diaper, wanting to be held and comforted by words of reassurance. When the baby can trust, the baby can learn, and does learn all kinds of things fast — how to make sounds, how to take turns cooing with the mother while being diapered or held or played with.

New scientific knowledge attests to the importance of healthy pregnancies and the need for appropriate nurturing and stimulation during the first two years of a child's life for optimal brain development. Increasingly it is recognized that in the brain, early memories are the fundamental building blocks of curiosity, motivation, logic, understanding of right versus wrong, ethics, empathy, socialization and self-esteem. All are at least partially developed by age 2.

If a baby gets the nurturing and care he needs during these critical first two years, then he is off to a good start. He will face many formidable barriers later in life — especially if he is poor — but if he gets optimal nurturing at these earliest stages, he will face those challenges well equipped to strive, learn and succeed. Unfortunately, the converse is also true. If a baby does not get the care and nurturing he needs from the fetal period through age 2, then he starts out at a tremendous disadvantage. Lack of consistent nurturing at these earliest stages can have devastating effects, ones which are difficult to change after 2 years of age without expensive and skillful interventions.

From the earliest moment, the baby must start to learn that the world is friendly and dependable, and that people can be trusted. A depressed mother, or a mother who is highly stressed, is probably at a severe disadvantage in conveying these crucial messages of safety and trust. This is especially true if she is basically alone with no one consistently available to help with the constant needs of the baby. It is true that in many cases family members frequently pitch in to help. However, it seems likely that a poor, single mother — especially a teen mother — who starts off with low self-esteem and lacks security and has few people to trust, may find it difficult to teach the baby, through consistent caring and interaction, that the baby *is* safe and loved and will be taken care of. Babies who are not talked to and not held do not learn to trust, do not become socialized and do not learn empathy and affection. Sadly, these negative lessons can be just as influential as the positive ones.

By the time a child is 2 years of age, the brain pathways are well developed. Permanent brain damage or learning impairment can occur long before a baby's second birthday. It is true the brain cells have plasticity, especially early on. While some plasticity remains, after 2 years of age adverse developmental structures which are already in place will last a lifetime. While preventable, this type of damage is difficult to reverse.

APPENDIX B.

The National Experiment in Czechoslovakia.

In the book *Born Unwanted*, published in 1989 by Springer Publishing Company, a research project is reported that was carried out in Czechoslovakia. The researchers concluded that being unwanted at birth may beget life-long hardships. As early as 30 years ago in Czechoslovakia, abortion was available to practically all who wanted it. A natural experiment occurred. The results of the research were published in the past year. There were 220 children born in Prague between 1961 and 1963 to women who, for particular reasons, were denied abortions not once, but twice for the same pregnancy. Social scientists were able to match the later lives of those babies with other births the same day to mothers and fathers of similar socioeconomic status.

What they found was that the unwanted children fared much worse in life than those whose mothers did not seek abortion twice. Their research showed that, among other things, at age 9 the unwanted children generally had fewer friends and less developed language skills than the other children. By their mid-teens, more of the studied subjects had sought academic or personal counseling; as a whole, they were more hyperactive and less sociable. Fewer went on to secondary school, opting for vocational schools or a trade. In their 20's, twice as many of the unwanted, that is 23 vs. 11, were sentenced in a criminal court and usually for more serious crimes. Psychiatric disorders were more common among the unwanted as were marital problems and a general dissatisfaction of life. The authors concluded, "The child of a woman denied abortion appears to be born into a potentially handicapping situation."

APPENDIX C.

Do Different Policies Produce Differing Results?

The following chart makes it clear that differences in state expenditures for family planning services and public funding of abortion significantly impacts the birth data.

Resident Live Births by Mothers' Age and Marital Status, 1989; State Funded Abortions, Public Funding for Contraception, Expenditure per Live Births, FY 1990: SELECTED STATES

SELECTED STATES	California	New York	Illinois	Michigan
ALL AGES				
Total Live Births	569,308	290,528	190,247	148,164
Births to unmarried women*	169,913	92,795	58,866	N/A
AGE 10–14				
Total Live Births	1,332	586	647	396

Note the absolute number of births to girls 14 and younger is higher in Illinois than in New York State. New York has nearly double the population of Illinois.

AGE 17 AND UNDER				
Total Live Births:				
Number	23,557	9,991	9,874	7,281
Percent of all births	4.1	3.4	5.2	4.9

In 1989 Illinois and Michigan had about the same percentage of births to women 17 and younger. However, New York State had 1/3 fewer such births and California had 1/5 fewer.

If Illinois could have achieved New York State's results (3.4% as compared to 5.2% of all births to 17 year olds and younger) in 1989, Illinois would have had 3,424 fewer babies born to 17 year olds and younger.

*Marital status of mother is inferred for all states except Illinois.

SELECTED STATES	California	New York	Illinois	Michigan
AGE 19 AND UNDER				
Total Live Births	64,935	27,179	24,923	19,545
Percent of all births	11.4	9.4	13.1	13.2

In Illinois and Michigan teenagers account for 13% of the total births. In New York State they account for only 9.4%. In 1989, if Illinois could have achieved New York results, that state would have had 7,040 fewer births.

Births to unmarried teens:*				
Number	42,264	21,428	20,095	N/A
Percent of all teen births	65.1	78.8	80.6	N/A
Percent of all births	7.4	7.4	10.6	N/A

In California and New York, the states with publicly funded abortions, 7.4% of all births are to *unmarried* mothers 19 years old and younger. In Illinois the percentage is over 10%. In 1989, if Illinois could have achieved New York results 6,088 fewer babies would have been born to unmarried teenagers.

Number of state funded abortions, FY 1990	88,153	43,500	0	0

These are *state* funded abortions. Since the 1977 enactment of the Hyde Amendment almost no federal funds have been expended for abortions. In 1977, 294,600 abortions were federally funded; in 1990, 165 abortions nationwide were paid for by federal funds.

Public funding for family planning and contraceptive services, FY 1990	$47,084,000	$52,660,000	$15,217,000	$19,743,000

Family planning and contraceptive services expenditure per live births	$87.20	$181.26	$79.99	$133.25

Related to the number of births, New York State spends much more than Illinois on family planning services, 2.27 times as much.

*Marital status of mother is inferred for all states except Illinois.

APPENDIX D.

A Tale of Two Cities

The birth statistics for New York City, part of a state which provides publicly funded abortion services, compare strikingly to Chicago, part of a state which does not provide such services.

The following statistics for 1989 clearly show the impact of public funding for abortions.

	New York City	Chicago	
Population	7,552,000	2,783,726	
Live Births	132,698	58,310	
# of births to girls 14 and younger	370	384	
# of births to girls 17 and younger	5,536	5,017	
% of all births 17 and younger	4.2%	8.6%	(more than double)
# of births to girls 19 and younger	14,072	11,416	
% of all births 19 and younger	10.6%	19.6%	(almost double)

Despite an overall difference in population of nearly five million, there were more births to girls age 14 and under in Chicago than in New York. The percentage of births to women and girls under the age of 20 in Chicago (19.6%) is almost double the percentage in New York City (10.6%). It is difficult to say with certainty that all of the difference in teen birth rates is accounted for by the absence of publicly funded abortion in Illinois. On the other hand, it is equally difficult to imagine what else might cause such massive statistical differences. I am convinced that the difference in abortion policies has a huge impact. I am equally persuaded that the huge proportion of births to teenagers revealed by these numbers — particularly younger teenagers — helps to account for the phenomenon of too many "not ready" kindergartners who go on to place more than half of Chicago high schools in the lowest 1% of the American College Testing Program universe.